

Cromwell Place Surgery

Quality Report

Cromwell Place
St Ives
Cambridgeshire
PE27 5JD

Tel: 01480 462206

Website: www.cromwellplacesurgery.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cromwell Place Surgery on 12 April 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice had a patient focused culture that ensured risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect. We received strongly positive feedback about both individual staff members and the practice as a whole.
- Staff consistently went over and above to meet the needs of their patients; including going out of their way to make the lives of patients easier. For example, the practice manager had assisted patients to the hospital when they were unable to get patient transport.
- Information about local services and support groups was clearly available to patients. Furthermore, patients we spoke to were aware of how to make a suggestion or a complaint to the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example, the practice had made further adaptations to the disabled toilet following feedback from patients.
- Patients told us they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt very well supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. For example, the practice had worked alongside the PPG to address issues with the telephone line following previous concerns regarding telephone access.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The practice used every opportunity to learn from safety alerts and significant events. For example, lessons were shared at team meetings to ensure that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received appropriate training in this area.
- Risks to patients and staff were assessed and well managed. The practice had developed a location specific health and safety booklet which was given to all members of staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Exception reporting was lower than CCG and national averages for all clinical domains (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. Clinicians carried out audits on areas of personal professional interest.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a clear training programme in place, and staff were encouraged to attend outside training events.
- There was evidence of appraisals and personal development plans for all staff. Staff felt that appraisals were beneficial to their performance.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than average for several aspects of care. For example, 92% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%. Furthermore, 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive. We received 44 completed comments cards which were overwhelmingly positive about the caring attitude of staff.
- Staff consistently went over and above to meet the needs of their patients. For example, the practice manager had assisted patients to the hospital when they were unable to get patient transport.
- Information for patients about the services available, such as support groups for carers and bereavement services, was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice worked with the Local Commissioning Group (LCG) to set up an anticoagulation service, meaning that patients could receive care closer to home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice operated a personal list system, and patients we talked to spoke highly of this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, further adaptations to the disabled toilet facility had been put in place following patient request.
- Information about how to complain was readily available and easy to understand, and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and took ownership of their professional responsibilities.
- There was a clear leadership structure and staff felt well supported by management.
- The practice took a communal morning break, ensuring good communication throughout all teams. Furthermore, the practice held regular social events.
- The practice had a number of practice specific policies and procedures to govern activity, and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty from all members of the team. The practice had systems in place for notifiable safety incidents, such as those from the Medicines and Healthcare Products Regulatory Agency (MHRA), and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The PPG was active and held regular meetings at the practice.
- The PPG had worked with the practice to hold an education evening on dementia. This included a talk from a member of the 'Dementia Friends' group. The strategic plan was that St Ives would become a 'Dementia Friendly Society'.
- There was a strong focus on continuous learning and improvement at all levels. We found that staff working at the practice were encouraged to develop their skills.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice triaged all home visit requests to facilitate earlier visits where hospital admission may be an outcome.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- Hospital admissions avoidance was discussed at monthly multidisciplinary team meetings to reduce unplanned hospital admissions for older patients. There were personalised care plans for patients at high risk of hospital admission to support the reduction of emergency referrals.
- The practice worked collaboratively with local nursing homes to ensure safe and timely care.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Both GPs and nursing staff had lead roles in chronic disease management and provided clinics such as diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. Data from 2014/2015 showed that performance for diabetes related indicators was 100%, which was above the CCG and national average by 11%. Exception reporting for diabetes related indicators was 11%, which was lower than the CCG average of 13% and in line the national average of 11%.
- Longer appointments and home visits were available when required.
- Patients with a long term condition had a structured annual review to check their health and medicines needs were being met. There was a robust system in place to ensure that patients were recalled for review.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence of the practice working with a number of healthcare professionals.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients we spoke to confirmed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 85%, which was above the local and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had established an effective working relationship with local health visitors and school nurses, who were based outside of the building. There are clear pathways and established lines of communication in respect of any safeguarding issues for this group of patients. There were clear pathways and established lines of communication in respect of any safeguarding issues for this group of patients.
- Practice staff had a good understanding of the Gillick competency testing for children over 16 years of age.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. There was a focus on expanding online services and promoting them to this age group.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years. The practice had carried out 171 health checks in the past 12 months.

Summary of findings

- The practice had identified that many patients were commuters and would benefit from early appointments. Extended hour appointments with a doctor were provided by appointment between 7am and 8am Monday to Friday.
- Telephone consultations were available on a daily basis with both doctors and nurses.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice carried out annual health reviews for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. Furthermore, the practice was engaged with the Carers' Prescription Service, which provides respite for carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice was able to signpost patients to local drug and alcohol misuse support groups.
- Staff we spoke to knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- 86% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was above the CCG and national average of 84%.
- 93% of patients experiencing poor mental health had a comprehensive care plan, which was above the CCG average of 87% and the national average of 88%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We also saw these services promoted in patient waiting areas.
- The practice offered in-house counselling services, which also included specialist relationship counselling.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The PPG had worked with the practice to hold an education evening on dementia. This included a talk from a member of the 'Dementia Friends' group. The strategic plan was that St Ives would become a 'Dementia Friendly Society'.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 111 were returned. This represented a 47% completion rate.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients felt that the practice provided an exceptional standard of care, and many thanked individual members of staff for the treatment they had provided. One patient noted that the GP personal lists enabled continuity of care. Many patients stated that they 'could not praise the practice highly enough'.

We spoke with nine patients during the inspection, including five members of the PPG. All eight patients said they were happy with the care they received and thought staff were friendly, approachable, committed and caring. Patients praised the GP personal list system and commented on the fact that their GPs appeared to have a great understanding of their needs.

The practice conducted the NHS Friends and Family Test, and the 38 responses in the past six months showed patients were extremely likely / likely to recommend the practice to other people.

Cromwell Place Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a pharmacist specialist adviser.

Background to Cromwell Place Surgery

Cromwell Place Surgery is a largely purpose built practice situated in St Ives, Cambridgeshire. The practice provides services for approximately 10,871 patients. It holds a General Medical Services contract with Cambridgeshire and Peterborough CCG.

According to information taken from Public Health England, the patient population has an age profile which is comparable to the practice average across England. The practice is in an area with a low level of socioeconomic deprivation.

The practice team consists of five full time GP partners, a full time salaried GP, one GP registrar, a practice manager, five practice nurses, three healthcare assistants and a phlebotomist. It also has teams of reception, administration, secretarial, dispensary and domestic staff. The practice is an accredited training and teaching practice, and medical students were present on the day of inspection.

Cromwell Place Surgery is open from 7am to 6pm Monday to Friday. The practice offers routine appointments to patients from 7.10am to 11.10am and from 3.10pm to

5.40pm. There is a clearly defined duty doctor system and other protected appointment slots for urgent care provision throughout the day. Out of hours care is provided by Urgent Care Cambridge via the 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for, and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Staff told us that they would inform the practice manager of any incidents, and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of significant events. We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA) and National Reporting and Learning System (NRLS), and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had installed digitally coded locks on consulting room doors following an incident with an aggressive patient.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff we spoke with were aware of the practice safeguarding policy and knew how to access it. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, including outside agencies. There was a lead member of staff for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice waste segregation policy had been rewritten.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines Management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and were provided on-going training opportunities, and we saw evidence of annual competency assessment.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and reflected current practice. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was

Are services safe?

in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. Staff told us that processes were in place to regularly check medicines stored within the dispensary areas were within their expiry date and suitable for use. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Access was restricted, the keys held securely and there were arrangements in place for the destruction of controlled drugs.

We saw that there was a process in place to record incidents and near misses in the dispensary. This was used regularly and we saw that improvements had been made to the dispensing process to prevent errors recurring.

Data showed that patients who took prescribed medication that required monitoring had received recent medication reviews. This highlighted that there was a good recall system in place for patients on these medications.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Furthermore, the practice had developed a location specific health and safety booklet which was given to all members of staff. The practice

had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that the practice had achieved 98% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was 100%, which was above the CCG and national average by 11%. Exception reporting for diabetes related indicators was 11%, which was lower than the CCG average of 13% and in line the national average of 11%.
- Performance for asthma related indicators was 100%, which was above the CCG average by 2% and the national average by 3%. Exception reporting for asthma related indicators was 1%, which was lower than the CCG and national average of 7%.
- Performance for mental health related indicators was 91%, which was below the CCG average by 1% and the national average by 2%. Exception reporting for mental health related indicators was 7%, which was lower than the CCG average of 13% and the national average of 11%.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last year, both of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit surrounding the monitoring of patients receiving testosterone replacement therapy. The second cycle of this audit demonstrated a clear improvement in clinical practice in this area.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and had regular meetings to discuss the care and support needs of patients and their families with all services involved.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It included training on safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients we spoke to commented that the practice appeared to work well with secondary care providers.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking

and alcohol cessation. Patients were signposted to the relevant service. The practice were also proactive in signposting patients who may benefit from emotional support to local counselling services, some of which were held on site.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 80% of the target population, which was above the CCG and national averages of 72%. Furthermore, the bowel cancer screening rate for the past 30 months was 62% of the target population, which was above the CCG average of 59% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds in 2014/2015 ranged from 96% to 97% and five year olds from 87% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had carried out 171 health checks in the past 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were kind, polite and friendly when communicating with patients, both face to face and over the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff we spoke to had a good understanding of equality and diversity, and the different needs of patients registered at the practice.

The 44 patient Care Quality Commission comment cards we received were positive about the service experienced. The comment cards stated that patients felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients, including five members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published in January 2016 were comparable to CCG and national averages for patient satisfaction scores. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average and national averages of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Staff consistently went over and above to meet the needs of their patients; including going out of their way to make the lives of patients easier. For example, the practice manager had assisted patients to the hospital when they were unable to get patient transport.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that translation services were available for patients who did not have English as a first language. The practice liaised with translation services and the multidisciplinary team to organise meetings with a translator present for patients who did not speak English as a first language. This was particularly important for patients who were due to have

Are services caring?

changes in their care, or were being given a new diagnosis. We saw notices in the reception areas informing patients this service was available. Furthermore, information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and noticeboards were available in the patient waiting areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice identified carers at registration, and the computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers, which was

1% of the practice patient population. The practice was engaged with the local Carers' Prescription Service, which provided respite for carers. There was a 'Carers Champion' at the practice who co-ordinated referrals, promoted carer identification and signposted carers to support groups. Furthermore, the practice worked with the local 'Young Carers Project', which provided support to carers aged under 18. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that families who had suffered bereavement were contacted by their usual GP. This call was either followed by a patient consultation at a flexible time and location, such as a home visit, to meet the family's needs. Patients we spoke to made positive comments about the helpful nature of staff in times of bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was aware of the needs of its local population, and frequently reviewed these with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the LCG to set up an anticoagulation service, meaning that patients could receive care closer to home.

- The practice offered extended hours appointments each morning from 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available on patient request.
- Home visits from GPs and nurses were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were baby changing facilities and a private area for breastfeeding available in the practice.
- The practice had made further adaptations to the disabled toilet following feedback from patients.
- The practice offered a personal list system, in which each patient is registered with a named doctor who oversees the ongoing care of a patient. We received consistently positive feedback about this.

Access to the service

The practice was open from Monday to Friday. It offered routine appointments to patients from 7.10am to 11.10am and from 3.10pm to 5.40pm. There was a clearly defined duty doctor system and other protected appointment slots for urgent care provision throughout the day. Out of hours care was provided by the 111 service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was in line with or above local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 88% of patients said were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 87% and the national average of 85%.
- 87% of patients said they could usually get to see or speak to their preferred GP compared to the CCG average of 61% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments with their named GP when they needed them. When a patient's named GP was away from the practice patients could book an appointment with their choice of the other GPs except in emergencies when the duty doctor would provide urgent care.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. For example, we saw how the wording used in outgoing correspondence had been altered following a complaint from a patient.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's mission statement was 'to provide the level of care that we would want from our friends and family'. Practice staff knew and understood the values.

The practice had a robust strategy and supporting business plans, which reflected the vision and values and were regularly monitored. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed. The practice manager was actively engaged with the implementation of the area's LCG, and a GP partner was involved with the formation of the West Cambridgeshire GP Federation.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a comprehensive list of policies and procedures in place to govern its activity, which were readily available to all members of staff. We looked at a number of policies and procedures and found that they were up to date and had been reviewed regularly.

There was a clear leadership structure with named members of both clinical and administration staff in lead roles. Staff we spoke with were all clear about their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings. Multidisciplinary team meetings were also held monthly. We found that the quality of record keeping within the practice was good, with minutes and records required by regulation for the safety of patients being detailed, maintained, up to date and accurate.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, friendly and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

There was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team also held regular social events. The practice had a protected 'coffee break' time each morning, where staff from all departments came together. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The active PPG held regular meetings at the surgery. We spoke with five members of the group, who were passionate about the practice and were proactive in supporting practice staff to achieve good outcomes for patients. They reported that the suggestions made by the PPG to improve the service were listened to and acted upon by the practice. For example, the practice had installed automatic doors at the entrance following a suggestion from the PPG. The PPG were keen to raise money for the practice and had purchased pieces of medical equipment to be used by patients, such as a nebuliser. The PPG had undertaken patient surveys regarding the practice telephone line, and had promoted the use of online services to patients.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The PPG had worked with the practice to hold an education evening on dementia. This included a talk from a member of the 'Dementia Friends' group. The strategic plan was that St Ives would become a 'Dementia Friendly Society'.

The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, such as the point of care anticoagulation testing service.

Furthermore, we found that staff working at the practice were encouraged to develop their skills. For example, a practice nurse attended a course to learn more about peripherally inserted central catheter (PICC) line management at a local hospital. This was then cascaded to the wider nursing team. In addition to this, nursing staff were encouraged to attend local 'hot topic' courses alongside their GP colleagues. A recent course had discussed the use of vitamin D replacement therapy.